Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us

Below Space For Office Use Only

COMMITTEE REGISTRATION FORM

(C.R.S. 1-45-108)

Committee Name: _____

Purpose/Office Sought: _____

Check Only One Committee Type:

☐ Candidate Committee ☐ Political Party ☐ Small Donor Committee

☐ Political Committee ☐ Issue Committee

Is this an amendment*? ☐ YES ☐ NO

** Description of what is being amended. Pursuant to Rule 3.1 any changes (including Filing Type) must be reported, with the appropriate officer, within five (5) days by filing an amended committee registration form.* _____

_____

Contact Information:

Name of Person Acting As Registered Agent: _____

Address (Physical): _____

Address (Mailing): _____

Telephone No.: _____ E-Mail: _____

Affiliation (if applicable): _____

_____

Check Only One Filing Type:

☐ Manual Filer
☐ Electronic Filer

Check Only One Jurisdiction:

☐ Federal ☐ State ☐ County
☐ Municipal ☐ Multi-County
☐ Other: _____

Authorization

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: _____

Candidate Address (include mailing): _____

Candidate Signature: _____ Date: _____